


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H74125		
1. Entity Name BLAKE, TORRES & MILDNER, P.A.		

Principal Place of Business 423 DELAWARE AVE FT PIERCE, FL 34948 US	Mailing Address BOX 3269 FT PIERCE, FL 34948-3495 0
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2. Principal Place of Business		3. Mailing Address 423 Delaware Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Pierce FL	
Zip	Country	Zip 34950	Country USA

FILED
04 APR 30 PM 4:44
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04292004 0000 000000000000

4. FEI Number 59-2576597	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, JUAN F III 423 DELAWARE AVE FT PIERCE, FL 34948		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 000000 0000000000
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAKE, GLENN M 1575 48TH AVE VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900035780789 05/07/04--01092--019 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, JUAN F III 423 DELAWARE AVE FT PIERCE, FL 34948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILDNER, ROY T 423 DELAWARE AVE FT PIERCE, FL 34948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **04/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #